	DEPARTMENT OF BUILDING LIFE THE AND COOKER OFFICE				
A STATE OF THE STA	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH	min			
600	CHILD CARE FACILITY				
W. S.	INSPECTION REPORT				
RE	ASON GRADE Inspection Date: ESTABLISHMENT NAME:				
Regular	V 06/20/2018 NENE CHILD CAPE CENTER				
Follow-L Complai	CAPIANT CORIC T				
investiga		ment Type:			
Other:		NURS			
	1 000000100006100	Expire			
No. of Ch	ildren: 20 Male 9 Female 29 Total Child Care License: No.: 180183 / Valid /				
The	following items identify violations found this day in the operations and facilities which must be	e corrected	by the next		
inspectio	n or sooner as the Department indicates. Non-compliance may result in downgrading or pe a written request for hearing must be submitted before the indicated correction	rmit susper	nsion. To appea		
ITEM*	REMARKS		CORRECT BY		
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS	DEIVIET IT	CONTILOTE		
e-					
	GRADE RATING OF 0/A. THE FOLLOWING WERE OBSERVED:				
		75.44			
29.	SEVEN (7) DOTHHECAE (EGG. CASINGS); ONE (1) VLABLE,	2	09/20/2018		
	SX(6) WERE DRY DOTHECAE; OPENINGS APOUND PIPINGS				
	OF TOLET AND HANDWASHING SINK WERE FOUND IN				
	RESTRUM OF 2 YEAR OUD ROOM	111111111111111111111111111111111111111	I SAMEST		
	INDUR AREAS SHALL BE ADEQUATELY PROTECTED				
	AND WAINTAINED TO PREVENT INFESTATION.				
	BASED ON OBSERVATIONS AND EVIDENCE, IT APPEARS THE	π			
	THERE IS AN ACTIVE COCKROACH INFESTATION IN THE				
	RESTROOM OF THE 2 YEAR OLD ROOM OF THE ESTABLISHMENT		THE REPORT		
	THE RESTREAM OF THAT AREA WILL BE VOLUNTARING	•			
	CHOSED OFF, PER OWNER.				
	USE OF THE RUSTROOM OF THAT AREA WILL BE CLEARED				
	ONCE THE FOLLOWING HAVE BEEN MET:				
		-2 °			
	(1) WEITTEN OCCUMENTATION FROM THE ESTABLISHMEN				
	PRIMARY PEST CONTROL COMPANY CPCC) REGARDING	יי			
	THE SERVICES PROVIDED, WHICH MUST INCLUDE, BUT				
	re read and understand the above violation(s) and I am aware of the corrective me	asures to	be taken.		
	When any of the following items are above, they shall be corrected within	?_	8/20		
(2), (4), (6	10 days of this inspection: DEH Inspector (Name & Title): V- PAY MUNDO, EDHOI 300-	9570			

			r et La Nave		VISION O CHIL	BLIC HEALTH AND SOCIAL SEF F ENVIRONMENTAL HEALTH LD CARE FACILITY PECTION REPORT	RVICES	ogely swaet og	A ISIA SAL	
REA Regular Follow-Ul Complain		<i>f</i>	GRADE	Inspection I 00 20 Time In/Out	2018	ESTABLISHMENT NAME: NENE CHILO CARE CEN OWNER/OPERATOR: SOZINO DOPIS TO	ाराय			
Investigat Other:	_		RATING	1:40Pm Sanitary Pe 20000	4:00Pm rmit No.: 80002153	LOCATION: MANGUAO PERMIT STATUS:	ccc	shment Type: C/NUPSERY		
No. of Chile	dren: 3	20	Male 9	Female 29		Child Care License: No.: 18 0/93		Provisional	Expired	
The formal inspection	ollowing	ite	ms identify as the Dep	violations for artment indic	ind this da ates. Non aring mus	ly in the operations and facilities who n-compliance may result in downgra the submitted before the indicated	ich must b	e corrected rmit suspen date.	by the next sion. To appeal	
ITEM*		\	111			ARKS		DEMERIT	CORRECT BY	
		70				FOLLOWING:				
_						icide used',				
						SAITS, TRAPS, AND OTH	च्य			
				net hoos	7/					
-	(C) LOCATION OF APPLICATION; AND									
			(D) 0)BSORVA:	TIONS	OF EACH SERVICE CONT	NOTED.			
	(2) WRITTEN DOCUMENT CLEANING SCHEDULE FROM									
THE ESTABLISHMENT THAT INDICATES THE FOLLOWING:										
	(A) APEAS THAT WILL BE CLEANED AND SANITIZED; (B) HOW IT WILL BE CLEANED AND SANITIZED; AND (C) THE FREQUENCY OR HOW OFTEN IT WILL BE DONE.							1000		
								- 142-G1		
	(3) SEAL ALL OPENINGS OF THE AREA TO PREVENT ACCESSIBILITY OF PESTS; (4) ROMOVE OR PREVENT ANY ACCESS TO FOOD AND WHITE TON PLACING THOM IN CONTAINERS FOR OTHER AREAS; (5) PLACE ALL UTENSILS, NAPKINS, AND OTHER SUCH HOME IN CONTAINERS FOR OTHER AREAS; AND (4) CLEAN AND SANITIZE ALL AREAS AFTER TREATMENT									
							12	our cultaw		
							70			
	CONOUCTED.									
*Note: cited a	When bove, to 10 da	any hey ys (of the foll shall be of of this insp	owing items corrected wi pection:	s are ithin	n(s) and I am aware of the correlation (Name & Title); DEH Inspector (Name & Title)):	2	pe taken.	
(2), (4), (6)	, (14), (2	21), ((23), (24), (2	27), (28), (39)	& (40).	V. RAYMUNDO, BRHO]	300	-95704	7	

		DEDARTMENT OF DI	IDLIQUEALTHAND COCAL CO	111000		<u> </u>
			JBLIC HEALTH AND SOCIAL SER OF ENVIRONMENTAL HEALTH	IVICES		
	(A)		LD CARE FACILITY			
			PECTION REPORT			
REA	ASON GRADE	Inspection Date:	ESTABLISHMENT NAME:			
Regular		08/20/2018	NENE CHILD CARE CENTE	R		
Follow-U	p 2	Time In/Out:	OWNER/OPERATOR:			
Complair		1:40 Pm 4:00 Pm	SOPIANO, DORIS T.			
Investiga	tion RATING		LOCATION:		ngent Type:	
Other:	A	Sanitary Permit No.: 200002153	MANGILAO	CCC	Nursex	2
		20000=18002153	PERMIT STATUS:Valid	Т	emporary	Expired
	ldren: 20 Male 9		Child Care License: No.: 180183 N			
The f	following items identify	y violations found this da	ay in the operations and facilities wh	ich must l	be corrected	by the next
inspection	n or sooner as the De	partment indicates. Nor	n-compliance may result in downgra	ding or pe	ermit suspen	sion. To appea
ITEM*	a willen		st be submitted before the indicated	correction		·looppeot s
I I TIAL	0711 1					CORRECT BY
	DEH WILL AS	ssess the post	ROOM OF THE 245ARC	LD ROD	nh	
1	ONUS THE A	2018 (#1-12)	ARE CONDUCTED, ANY	> THE		1000
			THESE (3) CONSECTIVE			-3-1-1
			201 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			FROM THEIR PCC, AND	105		War yang ti
	BY DPHSS-E	DEH, AND ALLI	YOLATIONS CITED AND			
	ADDITIONAL	REQUIREM ENT	STATED ABOVE ARE I	NE (.		- Jan 197
	WO				- 100	
	VIDEOS ANO		2 VIDLATIONS WERE TA			
	"A" PLACAR	0 NO. 0266	OZ REMAINS ON WIND	<u> </u>		
	OF BSTAPLICE	THENT.				
	20 - 00 00	12001				
	BHEF-60 -00	HARSOC , SARCH	SOCIANO, ON ADDIE.			
						146
			7 = 17		W.N	n Sin naw
I hav	e read and understa	and the above violation	on(s) and I am aware of the corre	ective me	asures to	be taken.
	When any of the fo		Received By (Name & Title):			8/20
	above, they shall be	corrected within	Voseth Cons	gus/		700
(0) (4) (0)	10 days of this ins		DEH Inspector (Name & Title): 7		
(<i><</i>), (4), (6)), (14), (21), (23), (24),	(27), (28), (39) & (40).	V. RAMUNDO ENTO	I	7 300-	9570